NURTURING THE NURTURERS

A Study Finds Out What It Will Take To Retain Rural Nurses

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Summary The nurse-retention problem plagues hospitals nationwide, but nowhere is the crisis more evident than in rural areas, where, if nothing is done, more hospitals likely will join the growing numbers that have simply closed.

Researchers designed a study to identify effective strategies for managers and administrators to pursue in retaining nurses in rural hospitals. They asked nurses to rate 43 strategies according to the degree of influence each would have on the decision to remain on the job. "Winning" strategies fit into four major categories: (1) self- and professional development, (2) monetary needs, including benefits, (3) internal management, and (4) staffing and scheduling.

Among the study's suggestions are these:

- Managers should increase opportunities for upward mobility to alleviate some of the nurses' frustrations at feeling trapped in one position.
- If a higher educational level is a prerequisite for upward mobility, hospital managers should simplify the process of obtaining that education.
- Rural nurses clearly do not believe they are being compensated enough for their efforts. Hospitals must respond accordingly if they intend to maintain an adequate nursing staff.
- Nurses want to know that when conflicts or disruptions arise, they will have a simple, direct means of resolution. Hospitals should manage conflict through communication and training and support at all primary care levels.
- Because nurses provide the majority of client care, they must have a more active, participative role in staffing and scheduling policies.

Almost 80 percent of U.S. hospitals face an acute shortage of registered nurses in crucial areas such as intensive care units, emergency rooms, and operating theaters.[1] Although this nurse retention crisis affects nearly all hospitals in the nation, the resource crunch that rural hospitals face makes the problem more acute for them. To continue to serve their communities, rural hospitals must take a closer look at strategies that will help them attract and retain nurses.

Rural Hospitals' Vulnerability

Of the 5,728 hospitals in the United States, 2,600 are rural—meaning they meet the designation criterion of 90 beds or less and are located in nonmetropolitan communities of less than 40 people. Forty-three rural hospitals closed in 1988, and, according to a 1989 survey by the accounting firm Touche Ross & Company, 57 percent of rural hospital administrators thought their facilities were at great risk of failing by 1994.[2]

Financially strapped rural hospitals are especially vulnerable to closure; one of the main reasons is rampant nurse turnover. A 1990 study showed that the average national turnover rate for nurses is 18.9 percent and 17.5 percent for rural nurses.[3] The costs of such turnover are estimated to range from $7,000 to more than $15,000 per nurse.[4]

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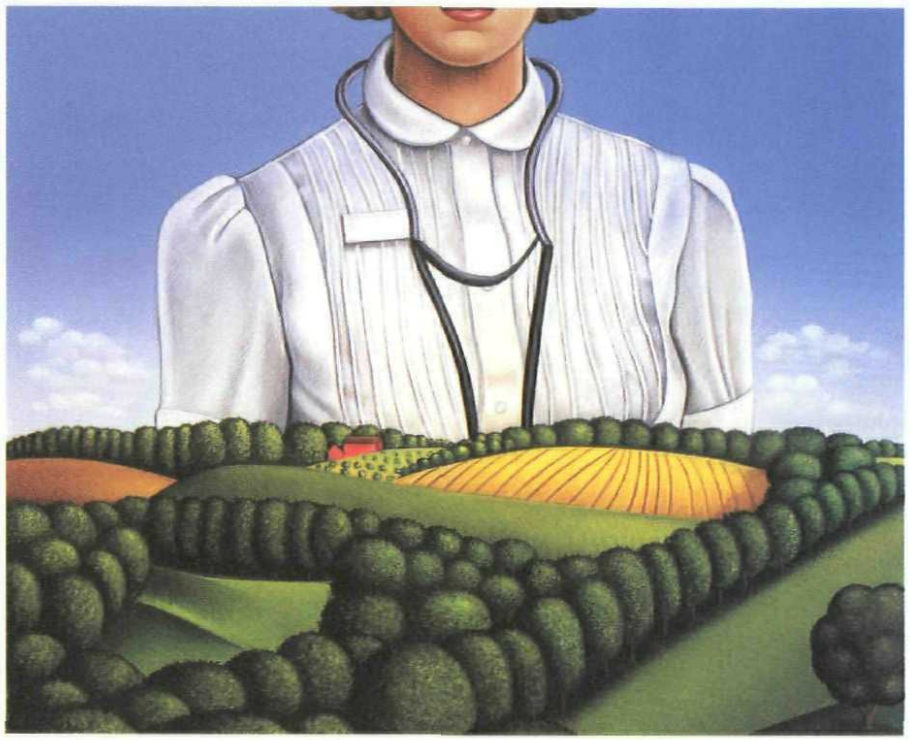
Furthermore, it costs a hospital $20,000 to recruit and train a new nurse, and hospitals spent $3 billion on this in 1987.[5]

In an effort to stem the tide of closures and provide hospitals with effective strategies to keep their nurses, several researchers set out to study the problem—from the nurses' point of view.



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The Study's Methodology

We designed a questionnaire containing 43 strategies that have been used (not necessarily successfully) to try to prevent nurse turnover. In January 1991 we sent the questionnaires to the nursing administrators (and from them to the nurses) at 54 small-town hospitals in the Southeast, Southwest, and Midwest—the three areas of the country that expressed an interest in participating and met the requirements. The sample included only nurses working in hospitals that (1) met the size criterion of 90 beds or less, (2) were located in nonmetropolitan areas, and (3) provided the primary source of care in their area.

Although the strategies also apply to municipal hospitals, comparisons of the concerns of rural and nonrural nurses indicate distinctive differences. Safe parking, for example, is more likely to concern urban nurses working evening and night shifts in high-crime areas than rural nurses. This comparative research, which is now in its earliest stages, is being conducted nationally by us and includes the rural study focused on here.

Of the 54 hospitals in the survey, 25 were in the Southeast, 18 in the Southwest, and 11 in the Midwest. Ten of the hospitals were not-for-profits, with the rest being for-profit. The response rates from hospitals and nurses, respectively, were 76 percent and 24.67 percent in the Southeast, 78 percent and 17 percent in the Southwest, and 81.25 percent and 17.2 percent in the Midwest.

Nurses were asked to rate each of the 43 strategies on a scale of 1 to 5, according to the degree of influence each would have on their decision of whether to remain at their current job. Retention schemes having a high or very high impact received overall ratings between 4.00 and 5.00 and varied according to geographic location (see **Table**, p. 62).

The top retention strategies fit into four major categories:

1. Self- and professional development
2. Monetary needs, including benefits
3. Internal management
4. Staffing and scheduling

Hospitals can address these areas either individually or in conjunction with one another, depending on the circumstances.

> Nurses expressed the need to be treated as professionals in terms of position advancement, as well as the manner in which others regard them.

Leading Strategies

Self- and Professional Development Various forms of self- and professional development were highly valued by nurses in the Southeast and Midwest. For the most part, these nurses expressed the need to be treated as professionals in terms of position advancement, as well as in the manner in which others regard them. The innate desire to have "somewhere to move up to," as one respondent put it, was given highest priority among Southeastern nurses. "No matter how hard I work, there is no advancement," one respondent stated. "I would like to at least be able to dream of a higher position."

Hospital managers should increase opportunities for upward mobility to alleviate some of the nurses' frustrations at feeling trapped in one position. But simply creating advanced positions is inadequate. Higher positions often require more formal education than many nurses have attained. Numerous nurses in the Southeast stated that their only hope for promotion was additional education, hence the high ranking given to tuition reimbursement. A nurse in the Midwest noted that full tuition reimbursement should be made available for part-time and full-time employees, while another complained that a nurse

cannot get a master's degree in nursing without an undergraduate degree in nursing.

If a higher educational level is a prerequisite for upward mobility, hospital managers should simplify the process of obtaining that education. Based on survey results, hospitals could expect significant benefits from making relatively small investments in professional development and self-development programs for nurses.

Monetary Concerns Nurses in both the Southwest and Midwest considered an increase in salary rate to be the retention strategy of greatest significance. Bonuses based on years of service, salary differentials according to shift worked, compensation for attending local conferences, and improved pension plans should be comparable to those in alternative places of employment, nurses said. Several nurses in the Southwest specifically mentioned the lack of pay differential based on job tenure and duties performed as a major flaw of their jobs. The earnings of new college graduates, for example, are very close to those of experienced nurses. One respondent in the Southeast complained that she had received the same bonus as one of her colleagues, despite the fact that she had been working for the hospital seven years longer. "To add insult to injury," she continued, "my salary is within $25 of hers, and I work the least-liked shifts."

Nurses in two regions considered an increase in salary rate to be the retention strategy of greatest significance.

Clearly, rural nurses feel they are not sufficiently compensated for their efforts. Hospitals must respond accordingly if they intend to maintain an adequate nursing staff.

Internal Management Rural hospitals also need to address internal management. The strategy rated second highest in the Midwest focused on the need for instruction and in-service programs on new equipment for all shifts. Because staff nurses—especially those working part time—have little control over equipment purchases, they should be well trained to operate the machinery. With proper instruction and in-service programs, nurses can perform their jobs more efficiently.

Another concern in this category that was significant in the Southeast was having a safe work environment in terms of factors such as drugs, radiation, and exposure to highly infectious diseases. The high value placed on improved instruction on new equipment and a safe work environment indicates that managers are not adequately emphasizing training and precautions needed for daily functions. A cooperative working relationship between managers and the nursing staff would enable each facility to determine its own needs with regard to these concerns.

Other responses from the Midwest and Southeast further evidence this shortcoming. Improvements in administrative support, input from staff nurses regarding construction in the work environment, establishment of a grievance forum regarding abusive physicians, and conflict resolution would contribute to an environment in which nurses can work efficiently.

Respondents wanted assurance that when conflicts or disruptions arise, they will have a simple, direct means of resolution. Since hospitals must operate as businesses, these facilities should adopt a businesslike approach to managing conflict: communication and cooperation through training and support at all primary care levels.

Staffing and Scheduling Problems with inadequate staffing and scheduling were another area of concern. The need for flexible scheduling was one of two strategies believed to have the greatest influence in the Southwest. One respondent commented on the importance of flexible scheduling for the stability of a nurse's family life, while another complained about the difficulty of getting time off for personal or family business.

MAJOR STRATEGIES (ON A 1-TO-5 SCALE)

Strategy	Mean
Southeast's Major Strategies	
Improve upward mobility	4.267
Provide bonus based on years of service	4.230
Improve pension plan	4.119
Provide safe work environment	4.096
Provide conflict resolution	4.067
Provide clinical consultation–24 hours	4.044
Provide salary differential for shift worked	4.030
Provide staffing by patient acuity	4.001
Provide tuition reimbursement	4.000
Southwest's Major Strategies	
Increase salary rate	4.207
Provide flexible scheduling	4.136
Midwest's Major Strategies	
Increase salary rate	4.349
Provide instruction/in-service programs on new equipment for all shifts	4.349
Provide salary differential for shift worked	4.326
Pay for staff nurses to attend conferences	4.233
Improve administrative support	4.209
Provide merit pay for excellence in clinical practice	4.136
Solicit input from staff nurses regarding construction in the work environment	4.136
Provide bonus based on years of service	4.070
Provide grievance forum regarding abusive physicians	4.048
Increase professional recognition and appreciation	4.023

LEADERSHIP PROGRAM HELPS HOSPITAL REACH RURAL COMMUNITY

Developing community leaders who understand and support the local hospital is important in any setting. In rural areas it may be a little easier, however, because people know each other and the facilities are small enough to acquaint them with all aspects of operations.

The Estherville Leadership program in Estherville, IA, is one of the primary ways Holy Family Hospital strengthens its ties with the local community. The program consists of a series of meetings for seven consecutive Wednesdays, from 3 to 7 PM. "We cover different topics about life in Estherville and in our surrounding area," says Jeffrey Drop, president of Holy Family. In addition to healthcare, topics include agriculture, the school system, and county government.

"It allows these residents to become future leaders because they know how the community functions," Drop explains. He was part of the steering committee of business and government leaders who started the program two years ago, in conjunction with the Iowa Lakes Community Colleges. Estherville, a town of 7,500 in northwestern Iowa, is an hour and a half from Sioux Falls, SD, the nearest city.

In the program's healthcare section, 15 participants get a tour of Holy Family Hospital. "We take them through the operating suite and the laboratory, and then we explain what healthcare is about on the local level, the state level, and the national level," Drop says.

The benefits to the hospital, he adds, are an improved understanding of the hospital's perspective and mission, particularly regarding rural healthcare and how much the hospital is doing for the community. In addition, participants learn how to access the system—to go to the physician's office first rather than the emergency room, for example—and they pass this information on to others in the community.

"The people we deal with bring what they learn back to the community, in their clubs, their organizations, and their volunteer activities," Drop says.

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Poor scheduling practices causing dissatisfaction among nurses will affect the quality of care they provide. Quality of care is directly related to two items of major interest in the Southeast: the need for clinical consultation 24 hours a day and staffing by patient acuity. Because nurses provide the majority of client care, they must have a more active, participative role in staffing and scheduling policies. This study shows that past and present policies may have hindered many nurses' abilities to deliver proper patient care.

Options to Explore

The study results reveal several pertinent options for rural hospitals. Perhaps these facilities should establish retention task forces composed of nurses, administrators, physicians, and consumers to better assess the turnover issue in their facilities. For too long it has been assumed that nurses in rural community hospitals have the same problems and needs as those in metropolitan areas. But the very nature of the rural facility and its environs may indicate that nurses' difficulties and desires differ markedly from those of their urban counterparts. Rural nurses must be generalists. They have to be innovative, flexible, and adaptable to face the variety of challenges throughout a workday.[6] Studies have supported these theories by describing rural nurses as independent and diversified.[7] Yet rural and urban hospitals have continued to develop similar retention policies or have had no such policies.

The rural nurse retention problem is so serious that states should consider establishing statewide task forces composed of nurses, physicians, administrators, and patients to consider the issue. Those entities could become major factors in providing good healthcare for residents in small towns throughout the nation. If some action is not taken in the near future, it may be too late to save many hospitals from closure.

Statewide task forces of nurses, physicians, administrators, and patients could become major factors in providing good healthcare for residents in small towns throughout the nation.

Most rural facilities are experiencing major financial problems. Since retention failures have a great impact on budgets, attention to this issue is not only logical but essential. Otherwise the "*crisis in the country*" may lead to "*mayhem in the* municipalities" because the urban areas will be expected to provide the care the small towns will no longer be able to furnish. □

NOTES

1. Betty Holcomb, "Nurses Fight Back," *MS*, June 1988, pp. 77-78.
2. Susan B. Garland, "On the Sick List: Rural Hospitals," *Business Week*, March 27, 1989, p. 36.
3. Richard McKibbin, senior fellow of the American Nursing Association, telephone interview, August 1990.
4. Cheryl B. Jones, "Staff Nurse Turnover Costs: Part II, Measurement and Results," *Journal of Nursing Administration*, May 1990, p. 30.
5. Holcomb.
6. Claire St. Clair, Myrna R. Pickard, and Karen S. Harlow, "Continuing Education for Self-Actualization: Building a Plan for Rural Nurses," *Journal of Continuing Education in Nursing*, January-February 1986, p. 28.
7. Marcie Parker et al., "A Rural Hospital Responds to the Nursing Shortage," *Nursing Economics*, July-August 1989, p. 215.